

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(c) (4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled:

Sealing band for projectile, sub-calibre projectile and ammunition equipped  
with such a band

Described and claimed in international application number PCT/FR03/01941 filed on June 24, 2003

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of the application in accordance with Title 37, Code of Federal Regulations, §1.56.

Under title 35, U.S. §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns, within one year prior to my international application are hereby claimed:

French Patent Application No 02.09505 filed on July 26, 2002.

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177 ; and/or Charles A. Wendel, Reg. No. 24,453.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO :  
PARKHURST & WENDEL, L.L.P., 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA 22314-2805 -  
TELEPHONE (703) 739-0220**

Customer No. 5160

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name,  
Of First or Sole Inventor*

Nicolas

ECHES

Given Name

Middle Initial

Family Name

2 **\*\*Inventor's Signature:**

Nicolas

Eches

3 **\*\*Date of Signature:**

January

12

2005

Month

Day

Year

Residence:

Plaimpied Givaudins

FRX

France

City

State or Province

Country

Citizenship:

French

Post Office Address:  
(Insert complete  
mailing address,  
including country)

1 place des Cruzettes - 18340 Plaimpied Givaudins - France

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

**BEST AVAILABLE COPY**

(2)  
over

**PAGE 2 OF U.S.A. DECLARATION FORM**  
(Discard this page in a sole inventor application)

**BEST AVAILABLE COPY**

1	<b>Typewritten Full Name Of First or Sole Inventor</b>	<u>Jean-Paul</u>	<u></u>	<u>FAUCHON</u>
		Given Name	Middle Initial	Family Name
2	<b>**Inventor's Signature:</b>	<u>Jean-Paul Fauchon</u>		
3	<b>**Date of Signature:</b>	<u>January</u>	<u>12</u>	<u>2005</u>
		Month	Day	Year
	<b>Residence:</b>	<u>La Chapelle Saint Ursin FRX</u>		
		City	State or Province	Country
	<b>Citizenship:</b>	<u>French</u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u>11, Clos des Sentiers - 18570 La Chapelle Saint Ursin - France</u>		

1	<b>Typewritten Full Name Of First or Sole Inventor</b>	<u></u>	<u></u>	<u></u>
		Given Name	Middle Initial	Family Name
2	<b>**Inventor's Signature:</b>	<u></u>		
3	<b>**Date of Signature:</b>	<u></u>	<u></u>	<u></u>
		Month	Day	Year
	<b>Residence:</b>	<u></u>		
		City	State or Province	Country
	<b>Citizenship:</b>	<u></u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u></u>		

1	<b>Typewritten Full Name Of First or Sole Inventor</b>	<u></u>	<u></u>	<u></u>
		Given Name	Middle Initial	Family Name
2	<b>**Inventor's Signature:</b>	<u></u>		
3	<b>**Date of Signature:</b>	<u></u>	<u></u>	<u></u>
		Month	Day	Year
	<b>Residence:</b>	<u></u>		
		City	State or Province	Country
	<b>Citizenship:</b>	<u></u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u></u>		

1	<b>Typewritten Full Name Of First or Sole Inventor</b>	<u></u>	<u></u>	<u></u>
		Given Name	Middle Initial	Family Name
2	<b>**Inventor's Signature:</b>	<u></u>		
3	<b>**Date of Signature:</b>	<u></u>	<u></u>	<u></u>
		Month	Day	Year
	<b>Residence:</b>	<u></u>		
		City	State or Province	Country
	<b>Citizenship:</b>	<u></u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u></u>		

**\*\*Note to Inventor:** Please sign name exactly as it appears above and insert actual date of signing.